

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		DID	DEP	DID	DEP	DID	DEP
	DID	DEP	DID	DEP	DID						
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
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11						61	/				
12						62					
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38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL DID.						TOTAL DID.	4				
TOTAL DEP.						TOTAL DEP.	4				
TOTAL CLAIMS						TOTAL CLAIMS	5				